



Background

The Care Act 2014 introduced new categories of abuse, one of which is self-neglect: this covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding. Sometimes described as working with those who have difficulty engaging, it encompasses a variety of adults where organisations struggle to engage consistently or meaningfully with an individual.



Why it matters

Adding Self-Neglect as a category of abuse under the Care Act 2014 means that if there is reasonable cause to suspect there are safeguarding concerns about how an individual is caring for themselves or their environment, and they meet the relevant criteria, then we may be able to work with them under safeguarding duties, even if they are not being supported by the Local Authority.



The person and their environment

Health:

Is the adult appropriately dressed for the time of year, if not, do they have suitable clothing available (e.g. coats/blankets in cold weather)?

Is the adult able to provide adequate food and drink for themselves, if so, do they have this available?

Does the adult appear to be experiencing malnutrition, pressure ulcers or are there any medication issues?

Environment:

If able to, scan the living environment of the adult; how does it appear?

What condition is the building and furniture in?

Are there any pets?

Are basic amenities such as water, gas or electric available and in supply?

Has there been an indication of inability to maintain previous lifestyle?

Professional curiosity

Did not attend/was not brought:

Often the adults we work with are unable to mobilise or travel independently. If this is the case, we should employ our professional curiosity and consider whether they have missed an appointment, or whether they were not brought to it, and if so, what prevented them being brought? Click [here](#) to see a useful video on this subject.

Disguised compliance:

This is where families/ carers give the appearance of co-operation, are able to allay concerns and so prevent professional engagement when the professional takes information at face value. Consider establishing facts on what is actually happening, potentially utilising unannounced visits in these cases.



Ways to engage

Build rapport and trust, show respect, empathy, persistence and continuity. Seek to understand the meaning and significance of the self-neglect, taking account of the individual's life experience, work patiently at the pace of the individual, but know when to make the most of moments of motivation to secure changes.

Questions to consider

Am I informed?

[SCIE NSAB Self-Neglect Advice](#) and [Toolkit](#).

Do your procedures support your work with adults who self-neglect?

Have you considered access to mental health services, Nottinghamshire Fire and Rescue Service [Safe & Well Checks](#), District/Borough Council support/ Environmental Health?

Do you have access to self-neglect training?

What to do

Don't be intrusive, directive or pushy, don't put your own values on others – what we deem as 'normal' isn't for everyone. Go the extra mile, be reliable, compassionate and understanding Use plain English rather than professional jargon.

Consider if the person has mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?

Are there care and support needs that are not being met?

Consider how the person's life history, family or social relations are interconnected with the self-neglect?

Does the self-neglect play an important role as a coping mechanism?

